

Swarty Testimony
Hearings, Committee on
Interstate & Foreign Commerce
H.R. 3141
June 8-9, 1965

Mr. Chairman, you and I have worked together in the House for almost a quarter of a century to advance the health of the American people. I know that for both of us one of the highlights of those years was the passage in 1963 of the Health Professions Educational Assistance Act -- the bill we are extending and modifying now, in 1965.

I recall your clear defense of the 1963 measure as a health -- not an education -- bill. You pointed out at that time that it belonged to a series of Congressional acts dating back to the 79th Congress, when the Congress began to take a very active interest in programs aimed at providing improved health services for the American people, both quantitatively and qualitatively. And I recall -- and can only echo today -- your remarks about the fact that hospitals and other health facilities alone cannot cure people. And you observed at that time that we had not enough doctors, dentists and other health personnel because of one bottleneck -- the inadequacy of present facilities in which our doctors and dentists are trained.

Mr. Chairman, you and I have long memories in these matters. We know that the bill we are considering today modifies one of the most vital measures Congress ever enacted in the health field. We know what a long series of legislative proposals the various Congresses considered -- and failed to pass -- before this Act finally passed the 88th Congress and was signed into law in September, 1963. ✓

As far back as the 85th Congress I had introduced a measure to provide grants for construction of research facilities and teaching facilities which was a direct ancestor of the Health Professions Educational Assistance Act. By early in 1959, expert witnesses before my Committee had made me aware of the acute need for essential health personnel--a need that the masterful document "Physicians for a Growing America," first outlined in its over-all dimensions later that year.

Since that time a series of distinguished committees and Commissions has reaffirmed and refined the facts. Most recently it was the President's Commission on Heart Disease, Cancer and Strokes. Surely there can no longer be any doubt in any quarter that we will need more physicians and dentists--many more physicians and dentists--to meet this Nation's health needs. We know now that the number of new physicians graduated each year must increase at least 50 percent--and the output of new dentists must increase 100 percent--by 1975. This is the magnitude of the problem before us, and surely no one can go on denying it, today.

It is not my intention to belabor the obvious. But it is my intention to put this matter in proper perspective for those who may not share our views. The Health Professions Educational Assistance Act of 1963 was a hard-won landmark--and one which should have been reached half-a-dozen years earlier. It is still incredible to me that successive Congresses delayed so long in the face of so urgent a problem.

I want at this time to turn directly to the bill we are considering today. First of all, it will expand the Health Professions Educational Assistance Act by providing grants to improve the quality of schools of medicine, dentistry and osteopathy. This assistance will enable our schools

to strengthen their curricula, and is a logical extension of the construction provisions already embodied in the Act.

Section 720 of the Health Professions Educational Assistance Act must be extended. I am very proud of what Brown University in my home state of Rhode Island has been able to do with the assistance of Federal funds provided by this Act. As you may know, Rhode Island is one of several states that do not have a medical school. When it became clear to Brown that existing medical schools could not produce enough physicians, Brown--as the State's leading institution of higher education--initiated an entirely new program in medical education based on a six-year curriculum. Since September 1963 Brown has been proceeding along these lines which, by 1970, will result in an investment of several millions of dollars, a part of which will be Federal funds. To date the Federal funds for construction and the student loan provisions of the Act have greatly enhanced the growth of Brown--and of a number of other Universities across this Nation--and it is imperative that this pattern of growth continue.

Mr. Chairman, I am glad that we are going to liberalize the student loan provisions of the Health Professions Educational Assistance Act. I am all for this. I recall the words of our esteemed colleague, Senator Hill, when he was shepherding that Act through the Senate in 1963. He noted that much had been said about the way this loan provision was patterned after the National Defense Education Act. "I had the honor of being one of the authors of that bill," he said and he added, "The successes under the program have been very satisfying and rewarding. But the National Defense Education Act loans do not fit the needs of students in dentistry or medicine."

Senator Hill was pointing out that the aim was to provide a program complementary to the National Defense Education Act. Nevertheless, we now have experience to prove that the loan provisions were still not adequate to meet the needs of the medical and dental students--nor will these needs be met solely by liberalization of loans.

It is with a sense of personal satisfaction that I endorse the proposal we have here today for a program of scholarships for needy students. You will recall, Mr. Chairman, that when I testified before this Committee in August of 1963, in behalf of H.R. 12, I expressed my deep disappointment over the House action striking the scholarship provisions from that bill. In several Congresses before the 88th I had introduced scholarship bills in the House--only to see them die there. It must not happen again.

It is essential that talented young people from every level of our society be encouraged to enter the medical professions. Yet the high cost of health education is still preventing many qualified students from becoming doctors or dentists.

To mention only one instance, a survey in 1963-1964 showed that the expenses for single medical students were about \$2,700 a year, and for married students with more than one child, \$5,200. One-half of last June's medical school graduates came from families with incomes exceeding \$10,000 a year. The scholarship provisions of this measure we are considering and the liberalization of the loan program to provide--like the scholarships--up to \$2,500 a year, will make for greater equality of opportunity in one vital area of our society.

In this time of social change in the health fields it is noteworthy when one comes across a signpost to the future. When Abraham Flexner completed his thorough study of all the medical schools in the United States, his report became such a signpost. I have just been reading another report, issued by the Association of American Medical Colleges, which impresses me as another Flexner report. It is called "Planning for Medical Progress Through Education," and it was prepared by Dr. Lowell T. Coggeshall.

This report suggests courses of action that must be taken if medical education is to meet the challenge of providing for the health of all of our people. It does not deal in unsupported generalities. I would like to leave with you a few words from this remarkable report:

"A continuing trend is the growing need for physicians. In centuries past, the physician's concern was with life and death. Now, with increased capabilities, he is concerned more and more with care in illness and preventive care. The consequence of this development...is a growing need for physicians..."

"Clearly, past trends and implementation of the prevailing philosophy are expanding the role of Government in the health care field as well as in the sponsorship of research and education. Expansion of the government's role is the logical consequence of a generally enlarged sense of public responsibility for national and individual health."

I am sure, Mr. Chairman, that in the new climate of concern for social welfare in which we find ourselves today, the measure we are considering here will be enacted into law. When that happens, it will indeed reflect an enlarged sense of public responsibility on the part of the 89th Congress.